MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (Where deceosed lived, if institution:
b. COUNTY

MARYLAND

MA

4 24				
eath nd eoth		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residen	nce before odmission)
5 5 5	1	O. COUNTY . VORCES TER MARYLAND	MARYLAND 6. COUNTY	D.C.ESTER.
at 15 S		b. CITY OR TOWN (If outside corporate limits.	c. CITY OR TOWN If outside corporate limits, write RURAL and giv	00031-10
S E E		write RURAL and give nearest tawn)		1 = /
our by			OCEAN CITY	L - IC DECIDENCE
4 = 5		d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
n 24 illed i papel		HOLLAND NURSING HOME		YES NO 🔀
E 28.5		NAME OF First Middle	Lost 4. DATE Month	Doy Year
completely ove corbon y event, with		OECEASED (Type or print) JENNIE MARTH	IA ADKINS DEATH DEC	7 19 67
event,	S.		8. DATE OF BIRTH 9. AGE (In years IF UNDER	
e con	ш	F WIDOWED TO DIVORCED	OCT 1. 1884 S3 yrs. Months	Doys Hours Min.
ertificate be execut physicion and com nen pleose remove noval, ond in ony ev	100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR		ITIZEN OF WHAT
be n a se l		ing most of working life, even if retired) INDUSTRY 1.1	100	OUNTRY?
ate leo on on	10	FUUSEWIFE OWN HOME		C' 7111
hys hys	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
eath certifi ending phy nit. Then or remova		JOBEPH MITCHELL	MARIAMOITCHELL	
# ig . ie			INFORMANT	A 14
that the death certificate be executed within 24 hours on.  by the attending physicion and completely filled in by tronsit permit. Then please remove corbon paper. Pacremotion, or removal, and in any event, within 21 hours	116	s, no, or unknown) (If yes give war ar dates of service)	R. PRESTON ADKINS UCE	AN CITYLL
that the d on. by the att ronsit per cremotion,		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)		INTERVAL BETWEEN
the the sit p motion		PART I. DEATH WAS CAUSED BY:	MARY occusion	ONSET AND DEATH
that toon.  by the tronsit cremo		14201 IMMEDIATE CAUSE (a) ACCUTES CONTROL	,,,,,,	TO NO DIT
		Conditions if any which mays A OTOPIAS 1 140 Times	HHART DISPASE	5-4R5
equires physic signed burial- buriol,		rise to immediate cause (o), (	THE WALL	
2000		stoting the underlying couse (c) S/3MLE MENT	AL DETERLOR ATLOW	4 1/Rg
e law trendin as beer os the prior t				Lio Was AUTODSV
he but the safe of the pr	No	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMEO?
AN: The solution of the soluti	CERTIFICATION			YES NO
lo ol ol for for He	E		. (Enter noture of injury in Port I or Port II of item 18.)	
Spirit sp		OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
PHYS he hos his ce stoche Dept.	MEDICAL			ounty) (Stote)
ed + + o	MED	Hour o.m.  p.m.  19  While of work of work	ctory, street, office bldg., etc.)	
by After Stat		21. I certify that (I) (this haspital) attended the deceased fram_	Sept 1 1962 to 1962 7 196	(2), that (1) (we) las
R: A uld			at death accurred at 736 PM, fram causes and an t	
ain ain non non hou		220. SIGNATURE		DATE SIGNED
ret ret 3 sk		/ all fah	ATTENDING MED. STAFF 12	-11-62
be ded be	1	22c. PHYSICIANS / Catherfly All War M.	.D. PHYS. DIRECTOR L PHYS. L	14/
Par Page Page e fil		NAME/Turkel	1846 RIAS A Suras Much	Not.
O HOSPITAL OR Page 4 moy be O FUNERAL DIR director, page 3 should be filled		LOBERT C KN 1440 K	TO TOP JO JOSEPHICE,	RED
Page 4 r	230	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR		(County) (Stote)
550 0 g 2 ()		JOURING THIS DETITED	MITTSPILLE	WIE MO
VR A15 (4)	24	PUNERAL DIRECTOR ADDRESS	250. REC'O BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
25M 1/67	1 /	tuna H. Dubage Sel	The DATE DEC 11 1967 Julian	And Jan

3.0 ACUTÉ CORONARY OLLESSION THE WEST METERS SELECTIC HEBRY DELINE 6 1925 SCHOOL BETWEEN CON AT 1985 Total Jakes I was a second of the second of

FOR STATE HEALTH

P M3. Page y delay is and 3 to

DERT

00

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF	F DEATH
-----------------------------------	---------

							803
	D. COUNTY WORC	ester	MARYLANO	2. USUAL RESIDENCE (V			re befare admission)
	<ul> <li>b. CITY OR TOWN (If autside write RURAL and give it</li> </ul>	nearest tawn)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If ou		write RURAL and give	
	Gi	rdletree	Life	d. STREET ADDRESS	etree		I e IS RESIDENCE
	d. NAME OF HOSPITAL OR		haspital, give street address)				ON A FARM?
_			rdletree	(None)	Girdle		YES NO X
	NAME OF DECEASED (Type or print)	Imer First	Samuel Ay	delotte	4. DATE OF DEATH	Manth Dec.	Day Year 30 19 67
S.	SEX 6. CO	LOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In		YEAR IF UNDER 24 HRS. Days Hours Min.
	Male	White W	VIOOWEO OIVORCED	12-22-84	83	yrs. months	Days Hours Mill.
	n. USUAL OCCUPATION (Give ring most af working life, eve Grocery		10b. KIND OF BUSINESS OR INDUSTRY Store clerk	11. BIRTHPLACE (State		(0	IZEN OF WHAT UNTRY?
13.	FATHER'S NAME			14. MOTHER'S MAIOEN	NAME		
	Aaron	Aydelot	te.	Joseph	hine Ree	b	
	. WAS DECEASED EVER IN U.S es, no, or unknown) (If yes	. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT		Address G:	irdletree,
CERTIFICATION	Conditions, if any, which rise to immediate cous stating the underlying lost.	MMEDIATE CAUSE (o)	Cerebral Apople  IBUTING TO DEATH BUT NOT RELATED TO  20b. OESCRIBE HOW INJURY OCCURRED.	THE TERMINAL DISEASE CO			19. WAS AUTOPSY PERFORMED? YES NO
L CERTIF	PRIMARY ar CONTRIBU		ZUB. DESCRIBE HOW INJURY OCCURRED.	Center nature at injury in	ran i ar ran ii at iie	m 10.)	
MEDICA	20c. TIME OF INJURY M Haur a.m. p.m.	onth, Day, Yeor 19		ACE OF INJURY (Hame, farr tary, street, affice bldg., etc.	)		unty) (State) Md.
		om: Natural co	the remains described abave, h	cide, Homicide CHIEF MEDICALM.D. ASSISTANT MEDIC DEPUTY MEDIC	Inspection, Undetern	Inquiry X, nined manner	22. DATE SIGNED 12-30-67
1	a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THEREO	Downing Ceme	etery	Oak Hal	Ly Virgin	(Caunty) (State)
2	4. FUNERAL DIRECTOR	al Home, (	hincoteague, Virgi	nia DAT A	D BY REGISTRAR  4 1968	25b. REGISTRAR'S	

A15ME (5) 6M 1/67

5 may be retained far yaur files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Departm

Health priar ta burial, cremation, or remaval, and in any event within 72 haurs after death.

2

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pag the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with

				and the state of	Ar hay	
relatoro					*Endage	
		EM (an			part-thub	
29 OF		68-6			Step St. Wall be	
.7.E.U		har Ivea	a Colo	Store ole		Tienan
marnibal0		n iri seni. K sitayan				911
		(alenta)	Yan Fra			
Dr Mil						
				*		
-15-24 	Model .		ę	. N. padente	d .b breeze	
	360			entalisti en maisten		ficient Larger and

7866 delay is

Health ar its designated agent, priar ta burial, cremation, ar remaval, and in any event within 72 hau 5 may be retained far your files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State

O DEPUTY MEDICAL EXAMINER: This certificate shavid be executed writing in them 18. Give Pages 1, 2, and 3 or necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 or necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 or necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 or necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 or necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 or necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 or necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 or necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 or necessary, please 1, 2, and 3 or necessary, please 2, and 3 or necessary and 3 or

TO DEPUTY MEDICAL EXAMINER:

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND

	1 6000		MEDICA	AL EXAMINER	S CERTIFICAT	E OF DEAT	H	17870	
	o. COUNTY	orcester		MARYLAND	o. STATE	NCE (Where decease	b. COUNTY	Residence before admission)	
	Crite RURAL One	If outside carparate limits, d give nearest tawn)	Ke	LENGTH OF STAY IN 1b	c. CITY OR TOWN	(If autside corparat versville	e limits, write RURAL o	47.3	
	d. NAME OF HOSPIT	AL OR INSTITUTION (If not	n haspital, give	street address)	d. STREET ADDRES			e. IS RESIDENCE ON A FARM?	
_	U.S. Rt					107		YES NO	
	NAME OF DECEASED (Type ar print)	First JOH		Middle THURMAN	BR OWN	4. DATE OF DEATH	December	26 19 67	_
-	sex 1a1e	6. COLOR OR RACE White	WIDOWED	NEVER MARRIED	8. DATE OF BIRTH	904	last birthday) Mo	UNDER 1 YEAR   IF UNDER 24 H onths Days Hours Mi	
dur	ng mast of working oreman	(Give kind of wark dane life, even if retired)	10b. KIND ( INDUS Const	of Business OR TRY Truction	Avalon, G		untry)	12. CITIZEN OF WHAT COUNTRY? USA	
	FATHER'S NAME	2			14. MOTHER'S MA				
_	John L. E	R IN U.S. ARMED FORCES?	16 500	AL SECURITY NO. 1	Maude Fa	armer	Address		_
(Ye	s, na, ar unknown) No	(If yes give war or dates of s	118	-09-0201 M	rs. Selma S ox 107, Box	S. Brown wersville	(Wife)		
		e cause (a),	_ F1	(b), and (c).)	p skill			INTERVAL RETWEEN ONSET AND DEATH	
CATION		GNIFICANT CONDITIONS CON	TRIBUTING TO D	EATH BUT NOT RELATED 1	O THE TERMINAL DISEAS	SE CONDITION GIVE	IN PART 1(a)	19. WAS AUTOPSY PERFORMED?  YES NO	9
L CERTIFICATION	20a. EXTERNAL CA PRIMARY (1) or CO CAUSE OF DEATH.	JUSE WAS NTRIBUTING	20b. DESCRI	BE HOW INJURY OCCURRI	D. (Enter nature of inju	ry in Part I ar Part	Il of item 18.)		
MEDICAL	- Hour or	JRY Month, Day, Year n. 12 26 19 C	14/5:1-		PLACE OF INJURY (Hame factory, street, affice bldg	e, farm, 20f. g., etc.) %	(City ar town)	(County) (State	2
	21. I certif	y that I taak charge			held an Autopsy	, Inspectio	n , Inquiry	and in my apin	ian
	death result	ted fram: Natural	causes,	Accident J-S	uicide 🔲, Hami	icide, Un	determined mann	er 🗌	
	ACTUAL SIGNATURE	Eml!	-h		M.D. ASSISTANT	DICAL EXAMINER T MEDICAL EXAMINE		22. DATE SIGN	IED
	674211.1111614.0		r, M.D.	)		Street, city, tawn, o		mber 27 / 1967	
230	BURIAL, CREMATIC BEMOVAL (Specify	ON. 23b. DATE THERE	OF 2	Tisbury, Md 3c. NAME OF CEMETERY	OR CREMATORY	23d. LO	ATION (City or Town)	(County) (State)	=
24	. FUNERAL DIRECTO			Bowersville ADDRESS JRY, MARYLA	250.	REC'D BY REGISTR	ersville.	RAR'S SIGNATURE	

Mus Je miles 7 Liebland Vedentin Stored by the for alexan warrend

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

V "			77 () (277				
ORIS	TATE		16001	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	17902	
HENLIH	DEPT.	1 1	LACE OF DEATH		2 USHAL RESIDENCE (Where deceased live	ed, if institution: Residence before admissio	n)
oy is 3 to Page			COUNTWORCESTER	MARYLAND	a. STATE M Q	b. COUNTY WOR	,
	ent tu	1	ITY OR TOWN (If autside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carparate limi	its, write RURAL and give nearest tawn)	
y delc ond PM3.	E	18	write RURAL and give negarast town	Line	KURAI -	NewARK	2.1
2,2	200		NAME OF HOSPITAL OR INSTITUTION (If not in		d. STREET ADDRESS		ENICE
E E	Dec		. NAME OF HUSPITAL OR INSTITUTION (IT hat in I	haspital, give street address)	13 , 1 15	e. IS RESID ON A FA	RM?
es for	e 00	6	ORACE TOWNSEND	HARM	Moute 100	X 30 YES X	NO 🗌
death. e Page with fo	Sto	3. 1	IAME OF First	Middle	Last 4. DATE	Manth Day Yea	
hours after death. If a Item 18. Give Pages 1, Office along with form	burial-transit permit. File pages 1 and 2 with the State Department of any event within 72 hours ofter death.	5.	ype or print) FACUEST	HERMAN (	DEATH OF BIRTH 9. AGE	(In years   IF UNDER 1 YEAR   IF UNDER	
after 8. Give along	<del>=</del> .	5. :		MINIMALE DE MANAGED	n na last	birthday) Manths Days Hours	Min.
18 18 0	and 2 w deoth.		(   W	IDOWED DIVORCED	Nov. 44 (910 5	7 yrs.	
hours fem 1	dec		USUAL OCCUPATION (Give kind of work dane	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or fareign cauntry)	12. CITIZEN OF WHAT	
	10 er	duri	g most of working life even if retired)	HOUSTRY RM	NewARK, N	1 d country?	
l within 24 n pencil in Examiner's	ile poges To hours ofter	13	FATHER'S NAME	F 137-111	14. MOTHER'S MAIDEN NAME		
thir min	po	10.	E 10 0	2011105		ethards	
d within in pencil I Examine	e e		LARNES+			11111K 93	
	t. Fi		WAS DECEASED EVER IN U.S. ARMED FORCES? , na, or unknown) (If yes give war ar dates of serv		NFORMANT	Address	1
d be executed d "pending" in Chief Medicol E	permit	(16	, iid, do dink down) (iii yes give war ar adies or serv	214 28 3748	Estella IINdley GI	5KE) NOWARK, M	d.
ndir Med	with		18. CAUSE OF DEATH (Enter only one couse pe		0 /	INTERVAL BETY	WEEN .
per ef 1	nt v		PAKI I. DEATH WAS CAUSED DT:	CORDNA	RY OCCUSION	ONSET AND D	AIH
	-transit event		1420   IMMEDIATE CAUSE (a) _	C 0. C 10 11	7		,,,,
should se word o the Ch	0-1-0 V		DUE TO	ASC	(1)		
sho e v	any		Canditians, if any, which gave (b)	750	<u> </u>	à à	
t t			stoting the underlying couse DUE TO				
fica	as a		last. (c)				
s certificate should s, writing the word forwarded to the Cl			PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN F	PART 1(a) 19 WAS AUTO	PSY
	be used removol,	CERTIFICATION				PERFORME YES T	NO Z
This icate, be fo	be pe	FIG	20o. EXTERNAL CAUSE WAS	20h DESCRIBE HOW INTELEV OCCUPPED	(Enter nature of injury in Part I or Part II of		100
-	or r	RT	PRIMARY ☐ ar CONTRIBUTING ☐	200. DESCRIBE HOW INJOK! OCCORNED.	cine notice of injury in run 1 of run in a	nem ro.)	
INER: e certif should		ונים	CAUSE OF DEATH.				
EXAMINER: This cute the certificate, oge 4 should be fo	your tiles Page 3 sho cremation,	MEDICAL	20c. TIME OF INJURY Month, Day, Yeor Haur a.m.		CE OF INJURY (Hame, farm, 20f. (City ory, street, affice bldg., etc.)	ar tawn) (Caunty) (S	Stote)
	your Page crema	ME	p.m. 19	While Nat While at wark	ory, street, dritte blag., etc.)		
MEDICAL EXA pleose execute director. Poge	Pod:		21. I certify that I taak charge of		ld an Autapsy , Inspection	Inquiry , ond in my	oninio
AL Xe	ned for ECTOR: buriol,						piilioi
e cto	bur Ed		deom resoned from: Natural Ca	oses Acouem, suic		ermined monner	
MEDI oleose direct	to to		ACTUAL ON SOME		CHIEF MEDICAL EXAMINER	22. DATE	SIGNED
	RAL C		SIGNATURE	Cemo. ))	M.D. ASSISTANT MEDICAL EXAMINER	12. 50.12	JIOITED
UT.	P P P	1.	EXAMINER'S	I DIT	DEPUTY MEDICAL EXAMINER	M( 1) RC 31,6	. /.
O DEPUTY necessary, the funeral	moy be retained for FUNERAL DIRECTOR: leafth prior to buriol,		NAME (Type)	wasenduk	Calding Any Deligibles	utility Co	
o D D	He B	230	BURIAL, CREMATION, 23b. DATE THEREOF		CREMATORY 23d. LOCATIO	, , , , , , , , , , , , , , , , , , , ,	tate)
7	2 -		BBYOVAL Specify)	68 LUERGER	EEN BER	LIN INDEC. A	10
	17	24	EUNERAL DIRECTOR	Que ADDRESS A DELLA	2 2Sa. REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATURE	
VR A	15ME (5)	0	Soretta B. Jollon	Jugacet Kay Ki st	med DATE LAN 1 D 4	OCO MIL TO 10	D.

The second of th The state of the s A - A WILLIAM A PRINT TO A WILLIAM WILLIAM TO A the sear Tourse see the first in the search of the search to see at the man details to see at A HARTIC - MINE D. LANGE TOWNS AND THE STATE OF THE TANK WINDS THE PROPERTY OF THE STATE OF THE Marketing and Thermal Colored was Developed to the Colored Col  MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND

FOR ST	ATE
HEALTH	
	/
y is	38
d d	19 8
d and	T-
2,	of b
= - E/	Store Department of Anna death.
f ge h	15 2
B & 6	50
A ve	<u>\$</u> _5
Gi	€ €
D 00 D	3 3
Ince Ince	nd 2
of le	ar ev
in r's	es
in eine	000
d within 24 hours after death. If any delay is in pencil in Item 18. Give Pages 1, 2, and 3 to Examiner's Office alang with form PM3. Page	File pages land 2 with the State Departm and in any event within 22 haurs after
Ex	E B
0	

Health or its designated agent, priar to burial, crematian, ar remaval, and in any event within 5 may be retained far yaur files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with i

O DEPUTY MED-CAL EXAMINER: This certificate shauld be executed within 24 hours after death.

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pag the funeral director, Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with VR A15ME

		MEDICAL EXAMINER 3	CEKTIFICATE OF	DEATH	17871
1.	PLACE OF DEATH			ere deceosed lived, if institution	
	o. COUNTY WORCES TOR	MARYLAND	o. STATE	b. COUNT	WOR
	b, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outsi	ide corporote limits, write RURA	L ond give nearest town)
	DRIDGO HOCK	Lifetime	SNO	w Hill	23.1
	d. NAME OF HOSPITAL OR INSTITUTION (If not in t	ospitol, give street oddress)	d. STREET ADDRESS	C / 1	e. IS RESIDENCE ON A FARM?
	Moss Street		1055	>+	YES NO
3.	NAME OF First	Middle	Lost	4. DATE "Month	Doy Year
	OFCEASED (Type or print) CRANCE	NATHANIEL DE	WNIS	OF DEATH DEC	2 1967
S.	SEX 6. COLOR OR RACE 7. A	MARRIED NEVER MARRIED	8. DATE OF BIRTH		IF UNDER 1 YEAR   IF UNDER 24 HRS. Months   Dovs   Hours   Min.
	(V) W	IDOWED DIVORCED	MARS 189	3 74 yrs.	Molillis Doys Hours Mill.
100	i. USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	11 BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
	TAKINEK	FARM	Stockto	DN MG	LESA
13	FATHER'S NAME	4	14. MOTHER'S MAIDEN NAI	ME .	1
	HORACE 1)	ENNIS		NCY FI	Sheire
15	WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) ((If yes give wor or dotes of serv		INFORMANT	Address	oss Street,
L	Les WWI	411-14-0001MV	25 Vollie DEN	INIS WIFE, SA	10W Hell, Md.
	18. CAUSE OF DEATH (Enter only one couse pe	( line for (o), (b), ond (c)	17 . 16		INVOVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	付ってい	1) . CU 1 74	CUA.	7 OHSEL PROVIDED TO
	DUE TO				
	Conditions, if ony, which gove (b)				
	stoting the underlying couse				4 4 4 6 7 7 2 2
	last. ) (c) _				No.
80	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI		THE TERMINAL DISEASE CONDI	ITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED?
3 2		uble			YES NO
CERTIFICATION	20o. EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Por	rt I or Port II of Item 18.)	
	CAUSE OF DEATH.	20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, form,	20f. (City or town)	(County) (Stote)
MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o.m.	While Not While for	tory, street, office bldg., etc.)	ZOI. (City of lowil)	(conity) (21019)
-	p.m. 19	ot work L at work L	II		
	21. I certify that 1 taok charge of	~		Inspection Inquir	
	deoth resulted from: Natural ca	uses Accident, Suid	cide, Hamicide CHIEF MEDICAL EX	, Undetermined mai	nner
	ACTUAL	mand A.	ACCICYANT MEDICA		22. DATE SIGNED
	SIGNATURE	- Dimery	M.D. ASSISTANT MEDICAL		2007/17
-	EXAMINER'S NAME (Type)	NSEND MR	1 1	rity tov(n, or county)	700 91
23	b. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR		23d. LOCATION (City or Town	n) (County) (Stote)
	Burial 12-6-6;	1 Het Wall	Cometry	Snow H.11	Md.
2	4. EUNERAL DIRECTOR	ADDRESS O	2Sq REC'D B		ISTRAR'S SIGNATURE
	Smer of Ille	Samue 4/1/14	DAIDEC	5 1967 20	learly Judge

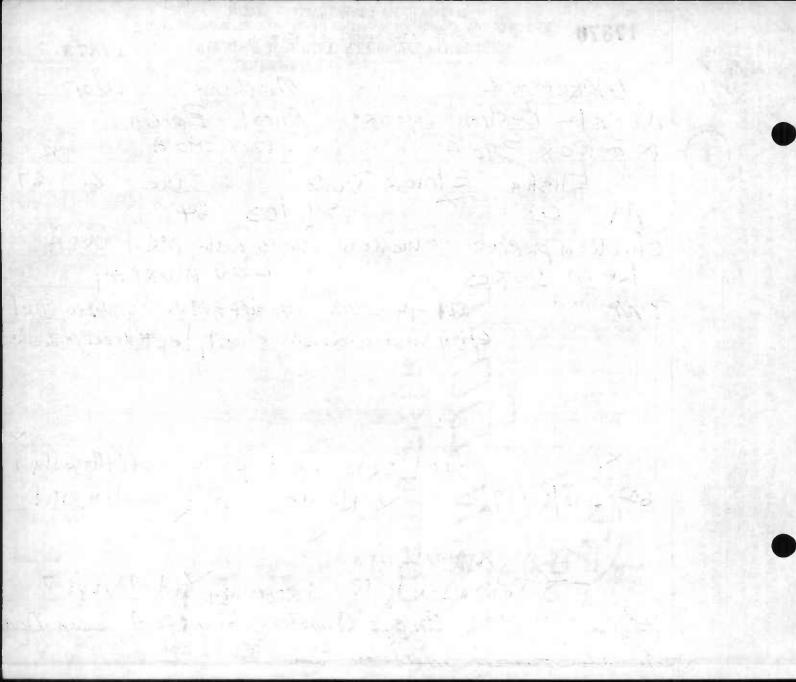
23.51 ANTEN IN THE STATE OF THE STATE 

- 1	Item 20b Film 396 MARYLAND STATE DEF 12-29-67 ams DIVISION OF VITAL RECORDS, 301 W. PREST	PARTMENT OF HEALTH ON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	17869 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH 17872	
HEALTH DEPA	1. PLACE OF DEATH O. COUNTY Worcester MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before of b. COUNTY Worcest	
any delay is 2, and 3 to n PM3. Page	b. CITY OR TOWN (It outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give peacest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) to	wn)
cath. If any de ages 1, 2, an ith form PM3.	Rural 16 yrs.  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)		RESIDENCE
form form	Rural Newark	R.F.D. Newark	N A FARM?
Pag Pag vith	3. NAME OF First Middle	Lost 4. DATE Month Doy OF	Year
er d Sive ng v h the	(Type or print) James Charlton	Dryden Jr DEATH December 15  B. DATE OF BIRTH 9. AGE (In years   IF UNDER ) YEAR   IF	19 6 7 UNDER 24 HRS
certificate should be executed within 24 haurs after death. If certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, tould be farwarded to the Chief Medical Examiner's Office along with form les.  Shauld be used as a burial-transit permit. File pages land 2 with the State Dean, ar remayal, and in any event within 72 haurs after death.	S. SEX  6. COLOR OR RACE  7. MARRIED  NEVER MARRIED  DIVORCED  DIVORCED	3-13-51 lost birthdoy) Months Days	lours Min.
24 haurs (in Item 18 er's Office o	10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF W COUNTRY?	HAT
24 in 1 er's (er's (after	Student School		S.A.
ithin encil mine pag			
ld be executed within rd "pending" in pencil Chief Medical Examine -transit permit. File pag event within 72 haurs	James Charlton Dryden Sr  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) 16. SOCIAL SECURITY NO. 17.	Dorothy Menszak INFORMANT Address	
acute ing" dical	No None	Charlton Dryden, Newark, Md.	
e exc bend opend if We sit pe	1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART 1. DEATH WAS CAUSED BY:	INTER	AL BETWEEN AND DEATH
d be chie frans even	973. / IMMEDIATE CAUSE (o) SULTINGE CLUSTE		
the the any	(conditions, if ony, which gove ) (b) Thhalation of	f carbon monoxide gas	
the solution the solution distance of the solu	rise to immediate couse (o), stating the underlying couse		
tificat iting arded arded d as o	lost   (c)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION CIVEN IN DART 1/0) 19 W	VZANTOPSV
. This certifiticate, writified be farwar.  Uld be used ar remaval, car	PAKE II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO SEATH BUT NOT RELATED TO	PE YES	REFORMED?
This icate be do be rem	200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING A PICCE OF NOSE AND NOSE	(Enter noture of injury in Port or Port II of item IB)	and
INER: The certification of the	CAUSE OF DEATH.	ugh the rear window of Station W	agon.
tic 3 fine F	Hour o.m. While — Not While — for	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)  Newark Wor.	(Stote)
L EXA ecute Page ar yau R: Pagi	p.m. 12-16-67 of work of work	home Newark Wor.	
AL Executation Property Proper			
d for	21. I certify that I taak charge of the remains described above, h	eld an Autapsy 🔲 , Inspection 🔲 , Inquiry 🙀 , and ir	my opinio
lebral France executive for a partial for a purial, a burial, a burial,	21. I certify that I taak charge of the remains described above, he deoth resulted fram: Natural causes, Accident, Su	reld an Autapsy, Inspection, Inquiry, and in icide, Hamicide, Undetermined manner	my opinio
Y MEDICAL EXAMINER: , please execute the certi al directar. Page 4 should e retained far yaur files. AL DIRECTOR: Page 3 shaul	21. I certify that I taak charge of the remains described above, he death resulted from: Natural causes, Accident, Su ACTUAL SIGNATURE	reld an Autapsy, Inspection, Inquiry, and in icide, Undetermined manner CHIEF MEDICAL EXAMINER 22.	my opinio
JTY ry, p eral be ra be ra RAL priar	21. I certify that I taak charge of the remains described above, he death resulted fram: Natural causes, Accident, Su ACTUAL SIGNATURE	reld an Autapsy, Inspection, Inquiry, and in icide, Hamicide, Undetermined manner CHIEF MEDICAL EXAMINER 22.  DEPLITY MEDICAL EXAMINER 21.	my opinion  DATE SIGNEE  2-16-
ny, peral be re RAL Pricer	21. I certify that I taak charge af the remains described above, he deoth resulted fram: Natural causes, Accident, Su ACTUAL SIGNATURE	reld an Autapsy, Inspection, Inquiry, and in icide, Hamicide, Undetermined manner  CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  Address (Street, city, town, or county) Worcester  R CREMATORY	DATE SIGNED 2-16- (Stote)
	21. I certify that I taak charge af the remains described above, he deoth resulted fram: Natural causes, Accident, Su ACTUAL SIGNATURE	reld an Autapsy, Inspection, Inquiry, and in icide, Hamicide, Undetermined manner CHIEF MEDICAL EXAMINER 22.  DEPUTY MEDICAL EXAMINER 1  Address (Street, city, town, or county) Worcester	DATE SIGNED 2-16- (Stote)

```
COST I
 Torusous de la la lateil de lateil de la lateil de la lateil de la lateil de lateil de lateil de la lateil de latei
      Burel 16 yrs. Lexus Breeze
                                                                                          James ... Cant ton a plan Jr. | December 15 ...
                                                                                                   A THE STATE OF THE
Louise Company of Landings
                                                           med to end, and the control of the c
in fine of the count designation and made
                                                                                             men suitedes recepts to a littlemen.
                                                                                                                                                                                                                                                                                                                                            The second of the second of the
                                                                                                                                                                                                                                                                                                                                                               M. H. CIHLICHE E. Bulott, M.D.
                                           Market Market Committee Co
                                                                                                                                                                                                                                                                                                                                       . District a sect town a brook -
```

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS STREET, BALTIMORE, MARYLAND 21201 FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. COUNTY o p MARYLAND delay LENGTH OF STAY IN 16 c. CITY OR TOWN 2, and PM3. Dep e IS RESIDENCE ON A FARM? give street address) d. STREET 4 should be farwarded to the Chief Medical Examiner's Office along with farm in Item 18. Give Pages 1, State L NO O DEPUTY MENICAL EXAMINER: This certificate shauld be executed within 24 hours after death. NAME OF Middle DATE Month First Doy DECEASED OF burial-transit permit. File pages 1 and 2 with the (Type or print) DEATH S. SEX last pirthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE DATE 7. MARRIED NEVER MARRIED Months Hours Doys event within 72 haurs after death. WIDOWED DIVORCED 10o. USEAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRYO COUNTRY & CA 13. FATHER'S NAME in pencil LURRAL 16. SOCIAL SECURITY NO 17. INFORMANT "pending" 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: please execute the certificate, writing the word DUF TO any Conditions, if ony, which gove rise to immediate couse (o). = DUE TO 0 stoting the underlying couse and OS last may be retained far yaur files. FUNERAL DIRECTOR: Page 3 shauld be used WAS AUTOPSY PERFORMED? ar removal, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 200. EXTERMAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of crematian, MEDICAL 20c. TIME OF INJURY Month, Doy, Year 602Hour o.m. fortory, street, office bldg., etc.) While Not While Page 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinian funeral directar. death resulted fram: Natural causes Accident \ Suicide V Hamicide Undetermined monner 5 may
TO FUNERAL L.
Health prior to b CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED SIGNATURE necessary, NAME (Type) the DATE THEREO **BURLAS. CREMATION** 23b. 10/67 FUNERAL DIRECTOR VR A15ME (5)

6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY delay is and 3 to Page death. MARYLAND c. LENGTH OF STAY IN 1b outside carporate timits, write RURAL and give nearest town) offer o P.M.3. e. IS RESIDENCE ON A FARM? (If not in hospital, give street address) d. STREET ADORESS farm This certificate should be executed within 24 hours after death. If 72 hauf pencil in Item 18. Give Pages YES NO Office along with 3. NAME OF First Middle 4. DATE Month Doy Year DECEASED OF DEATH the (Type or print) 19 within S. SEX 6. COLOR OR RACE DATE OF BIRTH AGE veor IF UNDER 1 YEAR IF LINDER 24 HRS 7. MARRIED NEVER MARRIED last birthdoy) Months Doys WIDOWED DIVORCED event N land 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even it retired) COUNTRY? Len any rd 'pending' in pencil in Chief Medical Examiner's pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM .⊑ File puo 16. SOCIAL INFORMANT permit. (Yes, no or unknown) (If yes give wor or dotes of service removal, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for, (a), (b), and (c). burial-transit PART I. DEATH WAS CAUSED 8Y 10 IMMEDIATE CAUSE (o) the certificate, writing the word 4 should be farwarded to the Ch crematian, DUE TO Conditions, if ony, which gove rise to immediate couse (a) DUE TO stoting the underlying couse burial, c lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION 10 20o. EXTERMAL CAUSE WAS PRIMARY Or CONTRIBUTING ☐ CAUSE OF DEATH. prior DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part 11 of item 18.) 3 should DEPUTY MEDICAL EXAMINER: Health ar its designated agent, MEDICAL 20g. PLACE OF INJURY (Home, form, TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (City or town) (County) Hour o.m 100 Not While foctory, street, office bldg., etc.) may be retained for yaur FUNERAL DIRECTOR: Page Page of work 21. I certify that I took charge of the remains described abave, held an Autopsy Inspection and in my opinion funeral directar. death resulted from: Notural causes Suicide Accident Homicide \ Undetermined manner EXAMINER ACTUAL 22. DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** NSC NAME (Type)

NAME OF CEMETERY OR CREMATORY

(City or Town)

250. REOD BY REGISTRAR DATE DEC 11

(County)

VR A15ME (5)

9

BURIAL CREMATION

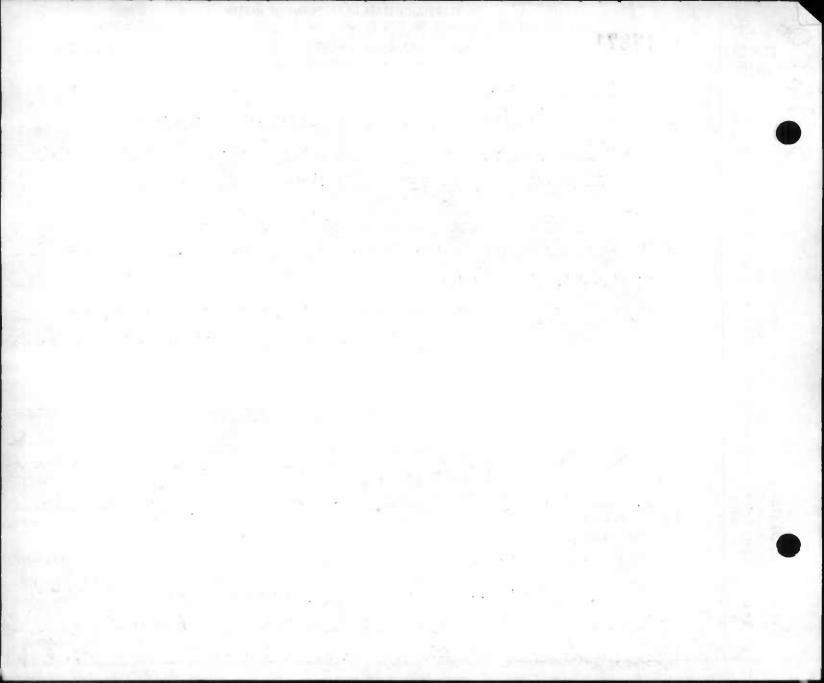
REMOVAL (Specify)

EUNERAL DIRECTOR

24.

23b DATE THEREO!

the



MARYLAND STATE DEPARTMENT OF HEALTH

a bases and a second of the se the contract of the second of the second harretona enthance sive STORY T 62 AUGUST OF THE LEGISLE OF THE ober G. Estern, D. F. The Republic Control of the C Sentence of the setting and the sentence of th MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	1 6 0 6 6)	CERTIFICATE	OF DEATH P		17876
	ACE OF DEATH		2. USUAL RESIDENCE (Where		n: Residence before admission)
0. (	COUNTY OREESTER	MARYLAND	O. SMARVLA	ND COUNT	ROSSTER
b. (	CITY OR TOWN (If outside corporate limits	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (I) autside	carparate limits, write RURA	L and give nearest tawn)
	write RURAL and give nearest town)		BERLIN	1	23-1
d. N	NAME OF HOSPITAL OR INSTITUTION (If nat in haspital,	give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	Broad Street Extd.		RFD	TRAPPE	YES NO
3. NAI		Middle		DATE Manth	
(Тур	pe ar print) ITUBV	KISER J	NKMIN	DEATH /C	FC, 8 1967
S. SEX	1-		B. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min.
10 10	WIDOWED WIDOWED		JULY 5, 1908	7 / Jis.	
during	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	CIND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (County & Stor	11	12. CITIZEN OF WHAT COUNTRY?
12 54	ATHER'S NAME	VISICEY FUEL	CLIPTON I	DRGG, VA,	U.S.H.
13. FA	1 - 10.0-0		14. MOTHER'S MAIDEN NAME	111	
IS W	VAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. 1	NFORMANT	Address	RED
(Yes, n	no, or unknown) (If yes give war ar dates of service)		R. W.T. SAR	<u> </u>	RLIN NO
	B. CAUSE OF DEATH (Enter only one cause per line for		١٠٠ ٢٠١٠ م	DIAN AL	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	erein in	ca of line	ee	ONSET AND DEATH
	174X DUE TO	2	1	The state of the state of	
	anditians, if any, which gave ) (b)	herenon	me of ent	teres	
	se ta immediate cause (a), ating the underlying cause DUE TO		0		
la	) (c)				
NO PA	ART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITIO	ON GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
CERTIFICATION					YES NO @
FE 50	Oa. ACCIDENT WAS UNDERLYING ☐ 20b. D R CONTRIBUTING ☐ CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURRED.	Enter nature of injury in Part I	I ar Part II af item 1B.)	
AR CI	F EITHER, NOTIFY MEDICAL EXAMINER)	INJURY OCCURRED 20e. PLAC	TE OF INJURY (Hame, farm,	20f. (City ar tawn)	(Caunty) (State)
MEDICAL 30	Hour a.m. Whil	e Not While facto	ory, street, affice bldg., etc.)	zor. (City of Idwir)	(contry) (state)
-	p.m. 19 at wa 21. <b>I certify</b> that (I) (this haspital) atter		-1-17 10	to/2-8-	( 18 that (1) ( ) to
	saw the deceased alive on	and that	death occurred	A M, fram causes a	nd on the date stoted obov
2	22a. SIGNATURE	0	APTRUDIUS AATR		22b. DATE SIGNED
	Elefford 6. Le	hatt M.D		CTOR STAFF PHYS.	
2	NAME (Type)	++	22d ADORESS	1200	
	C/L/ D/ D L O-/		1 eren	u jud.	
	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR		23d. LOCATION (City or Tow	
	REMOVAL (Specify)	BUCKING	250. REC'D BY	BERLING DECK DECK	ISTRAR'S SIGNATURE
10	2000 A BUNG	Bulling	na P DEC	1 9 1967 V	length Jugge.

# MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

## CERTIFICATE OF DEATH

17877

				CERTIFICATE	. OI DEATH			1	4 0 0	1	
	ACE OF DEATH		1 1 1 1		2. USUAL RESIDENCE (V	Tand	d lived, if institu b. COU	tion: Residen	ce befare	admissio	on)
	W	orcester		MARYLAND	Crisf	ield	7.67	Son	erse	et	
b.	CITY OR TOWN (I	outside corporote limit	'S,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If au	tside corparate	limits, write RU	IRAL ond give	neorest	tawn)	
	Write KUKAL ond	ural, Stoc	kton	6 mo 9 da					1	9.2	2
d.	NAME OF HOSPITA	AL OR INSTITUTION (If n	at in hospitol, g	give street address)	d. STREET ADDRESS				0	ON A F	DENCE ARM2
					Marin	ers Ro	ad		Y		NO 🗌
	AME OF	Fi	irst	Middle	Last	4. DATE	Man	ith	Day	Ye	10
	Print ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	Am	y	Riggin	Johnson	OF DEATH	Dece	mber	12	2 19	67
S. SE		6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In years	IF UNDER			
F	emale	White	WIDOWED	DIVORCED	August 10, 1	884	last pirthdoy)	Months	Doys	Hours	Min.
10a. l	JSUAL OCCUPATION	(Give kind of work done		ND OF BUSINESS OR	11. BIRTHPLACE (County	& State, or fore	ign country)		IZEN OF	WHAT	
durin	ouse wif	ife, even if retired)	IN	DUSTRY	Crisfield,	Somers	et Co.		UNTRY?	Α.	
	FATHER'S NAME				14. MOTHER'S MAIDEN I				-		
		Isaac Jame	s Riggi	in	unk	nown					
15. 1	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give war ar dates	16.		INFORMANT		Addr	'ess	No.		
(705,	no, or unknown)	(11 Aez Rise wat at aglez	2-	15-05-8928	Manson Johns	on	Crist	ield,	Md.		
T		ATH (Enter only one con							INTE	RVAL BET	
	PART 1. DEAT	H WAS CAUSED BY:	(a) Cere	bral Vascular	Accident	11.3			98	Fays	PEATH
	331X	DUE	, ,								
	Conditions, if any,		(b) Arte	riosclerosis						10 9	irs
	rise to immediate stoting the under		ТО								
	lost.	ITING COOSE	(c)								4
Z	PART II. OTHER SIG	GNIFICANT CONDITIONS	CONTRIBUTING 1	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COM	NDITION GIVEN	IN PART 1(o)		19.	WAS AUTO PERFORM	PSY
ATIO		Diabetes m	0111+110								NO X
	20a. ACCIDENT WAS	UNDERLYING		SCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Port I or Part	I1 of item 18.)				
		CAUSE OF DEATH MEDICAL EXAMINER)									
	20c. TIME OF INJU	RY Manth, Day, Yeor	20d. II		ACE OF INJURY (Hame, farm		(City or town)	(Cou	ınty)	(	(State)
MED	Haur a.n	1.	While at war		tary, street, affice bldg., etc.)					133	
1		1.		ded the deceased fram_	Sent	967 ta	Dec12	. 196	7 . th	at (I) (	we) la
	saw the	ceased olive an_	12-7-6	7 19 , and the	at death accurred at	6 A M,	fram causes	and an th	ne date	e stated	dabave
-	22a. SIGNATURE		.11	10				22b. D	ATE SIGNE	ED	
	///	thenthe o	101	nar M	2 2 2 2	MED. DIRECTOR	STAFF PHYS.	$\supset 12$	-13-	-5/	
	22c. PHYSICIAN'S		~		22d. ADDRESS		*****		060		
	MAME (Type)	Robert C	. La Ma	ar, M.D.	104 Bay S	E. Sno	W HILL,	Md. ZI	003		
230.	BURIAL, CREMATIC	N, 23b. DATE TH	EREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOC	ATION (City or To	own)	(Caunty)	(5	tate)
100	REMOVAL (Specify Buria)	Dec.	14,196	7 Mariners	Cemetery	Cris	field,	Somera	set-	Mary	land
24.	FUNERAL DIRECTO	R		ADDRESS	2So. REC'E	BY REGISTRA	R 2Sb. R	EGISTRAR'S S	GNATUR	E	
	Levin h	. Wilson	Somerse	et County, Md.	DATEDE	C 18	1967 /	Chark	BO X	MAR	-

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely fitted in by the director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Page should be filed with the State Dept. of Health priar to burial, crematian, or remaval, and in any event, within 72 hours at Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

7875

# CERTIFICATE OF DEATH

17878

	CERTIFICATE OF DEATH	4040
		nce before odmission)
	o. COUNTY WORCESTEY MARYLAND O. STATE M. B. COUNTY WO	rcester
		re nearest town)
L	Stock ton Stock ton	23-1
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS	e IS RESIDENCE ON A FARM?
	Dox 86	YES NO
		Day Year
	(Type or print) TETE ENOCHTICA ITANUEL DEATH LEC.	19 6
2.	Months Table Months	Doys Hours Min.
100	endic region	TIZEN OF WHAT
dur	ing most of working life, even if retified) INDUSTRY	DUNTRY?
13	FUDULE	CIOH!
10.	Sevell Salval Field	
15	WAS DEFEASED EVER IN U.S. ARMED EDDEES? TA SOCIAL SECURITY NO. 17 INFORMANT Address:	
(Ye	es, no pruhknown) (If yes give wor or dotes of service) 210 13 42520 1: May 121 Start El	- md
=	I IR CALLSE OF DEATH (Finter only one cause per line for (a) (b) and (c)	I INTERVAL BETWEEN
13	PART I DEATH WAS CALISTO BY.	ONSET AND DEATH
	480 X DUE TO	
	Conditions, if ony, which gove ) (b) INFILE ENZA	7 DAYS
	lise to intillediote couse (o), (	
	lost. (c)	
N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
CATIC	CHRUNIC CONGESTIVE HEART FAILURE.	YES NO
RTIFI		
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
EDIC	Hour o.m. While Not While foctory, street, office bldg., etc.)	ounty) (Stote)
×	p.m. 19 of work U	
		That (I) (we) las
	The state of the s	ATE SIGNED
	ATTENDING MED STAFE	2/2-/12
	22c. PHYSICIANS 22d. ADDRESS	720/61
	NAME (Type) NEVILLE A. BARON POCCHOKE, MI	).
230		(County) (State)
	Duria /2-236/ Home Dereticial Cem. Tockton	for Mid.
24	MODRESS 250. REC'D BY REGISTRAR 250. REC'D BY	SIGNATURE
1	January New Church, Va, Dute 6 4 ( 1801)	00
	3. S. IS. (Y.	PLACE OF DEATH   O. COUNTY   D. COUNTY

Line Restrong L. L. L. C. L. C ANOLOGICAL PORT Material 33 A 4 platelania lang No. 1 - I wedering and street for the

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon to should be filed with the State Dept. of Health prior to burial, cremation, or removal, and In any event, with

by the funeral lages 1 and 2 us after death.

Filled papers in 72 h

# MARYLAND STATE DEPARTMENT OF HEALTH

	DIVISION OF STATISTICAL RESEAR	OII AND RECORDS	, JUI W. FRESTON SI	KEET, DALITHOKE I, W	ARTEAND
ŝ	. 7876	CERTIFICAT	E OF DEATH	1	7879
1.	PLACE OF DEATH a. COUNTY			ere deceased lived, If institution: R	esidence before admission)
	WORCESTER	MARYLAND	a. STATE	b. COUNTY	OCHETTEN.
	b. CITY OR TOWN (If outside corporate limits,   c.	LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outsid	le corporate limits, write RURAL	and give nearest town)
	write RURAL and give nearest town)		BERLI,	15.4	0001
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospi	Ital, give street address)	d. STREET ADDRESS	4	e. IS RESIDENCE
4	THE BERLIN NURSING	41	BURLE	VST	ON A FARM? YES NO EX
3.	NAME OF FIRST DECEASED	Middle	Last 4. I	DATE Month	Day Year
		TILDA (	PAYNE	OF December	23. 19 67
5.	SEX   6. COLOR OR RACE   7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years   IF UNDER   last birthday)   Months	
	WIDDWED X	DIVORCED	AFRIL 20.18		Days Hours Min.
	. USUAL OCCUPATION (Give kind of work done   10b. KIND	OF BUSINESS OR	11. BIRTHPLACE (County &	State, or foreign country)   12. Cl	TIZEN OF WHAT
dur	Ing most of working life, even if retired) INDU	IN HOME	BERLIN		OUNTRY?
13.		110116	14. MOTHER'S MAIDEN NA		
(	FORGE E, BRITTING	Hon	Henry	TIMMONS	
	. WAS DECEASED EVER INU.S. ARMED FORCES?   16. SOC	CIAL SECURITY NO.   17.	INFORMANT	Address	^
(Ye	s, no, or unkown) (If yes give war or dates of service)	ru-gacy	Ma Rainu	BOITTHEHEN	DERLINM.
-	18. CAUSE OF DEATH [Enter only one cause per line		ALLICATION	DRITINGHAM,	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY	- 1		_	ONSET AND DEATH
	IMMEDIATE CAUSE (a)	unoma 9	left preas.		
	DUE TO		Land Barrier		
	gave rise to immediate (b)	nic Neph.	-itis		one wk.
	cause (a), stating the DUE TO	1-	1.4.		72 Y Y DE
_	underlying cause last. (c) (b-	Myo care			Lan Hills All Throny
9	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PART 1(a)	19. WAS AUTDPSY PERFORMED?
2					YES NO NO
R	20a. ACCIDENT WAS UNDERLYING 1 20b. DESI	CRIBE HOW INJURY OCC	JRRED. (Enter nature of Injur)	y In Part I or Part II of Item 18.	.)
S	OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
S		JRY OCCURRED   20e. PL	CE OF INJURY (Home, farm, bry, street, office bldg., etc.)	20f. (City or town) (Cou	inty) (State)
MED	Hour a.m. While p.m. 19 at work	Not While at work	ory, servor, omeobidg., etc.,		
	21. I certify that (I) (this hospital) attended		10-1-1966	tn /2- 23 196	7. that (I) (we) last
	saw the deceased alive on 12-22.	- 1967 and the	t death occurred at 730A	M. from the causes and on t	he date stated above.
×	22a. SIGNATURE	, and the	t double obtained da		ATE SIGNED
7	Chas R Lier	м.	D. ATTENDING MED.	TOR PHYS. 12	-26-67
	22c. PHYSICIAN'S	(VI.	22d. ADDRESS	· · · · · · · · · · · · · · · · · · ·	
	NAME (Type)		Berl.	i, Maryland	
23a	. BURIAL, CREMATION, 23b. DATE THEREOF   2	23c. NAME OF CEMETER	Y OR CREMATORY 23	d. LOCATION (City, town or con	unty) (State)
3	REMOVAL (Specify) 12/26/67	5VG	RBREEN	(35PL) 14	MD.

ADDRESS

REC'D BY REGISTRAR

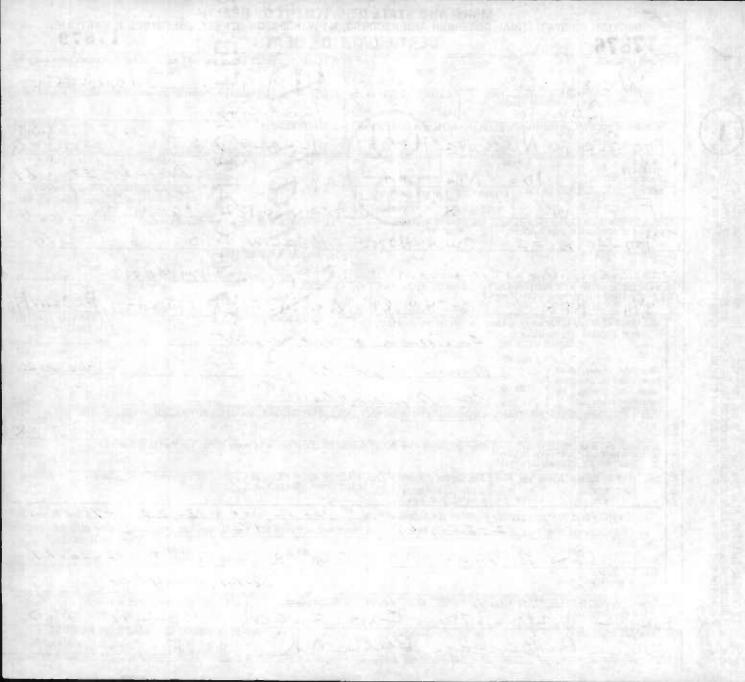
,25a.

25b.

REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR

VR A15 (4) 15M 4-64



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 and 2 hould be filled with the State Dept. of Health priar to burial, cremotion, or removal, and in any event, within 72 hours ofter death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

Page 4 moy be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67

24 hours after death.

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTOR STREET, BALTIMORE, MARYLAND 21201 OF DEATH OF

E /	CENTII	ICAIL	OI DEATH		178	811
V	I. PLACE OF DEATH	nce before odmission)				
1	o. COUNTY	YLAND	O. STATE	0	b. COUNTY	2 2 1 1
ŀ	b. CITY OR TOWN (If outside corporate limits,   c. LENGTH OF STAY		c. CITY OR TOWN (If outsid	a cornerate limits	write PUPAL and give	CES US
	write RURAL and give negrest, town)	10	C. CIT OK TOWN (IV OUTSIG	e corporore minis	Wille KUKAL Olid giv	e lieniezi inmil)
	Beilie		Joern	u	23	/
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
	BERLIN NURSING HOME		14/4/1/	1/14/1	Burley St	YES NO
	3. NAME OF First Middle DECEASED	-	Lost 4.	DATE	Month	Doy Year
	(Type or print) HETTIE LOUIS	EIZ	WNSEND	OF DEATH	DEC	29 1967
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIEI		. DATE OF BIRTH	9. AGE (I	yeors IF UNDER	
4	F WIDOWED DIVORCE		JULY 4,188	7	rthdoy) Months	Doys Hours Min.
	10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR		11. BIRTHPLACE (County & St	ote, or foreign cou		TIZEN OF WHAT
ľ	during most of working life, even if retired)	10	BIERUIS	~ M	0	UNTRY?
ŀ	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	-		7 -
	JOHN DAVIS	300	Louise	Pow	= / /	
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17 10	NFORMANT	1004	Address	
1	(Yes, no, or unknown) (If yes give wor or dotes of service)	JA N	les Magian	1 110	7,00,000	BERUNMO
-	10 100 219-46-72	1 b / .	ICS. I ARIAN	4 6-1175	STINGS	INTERVAL BETWEEN
1	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:					
	MMEDIATE CAUSE (0) Thr. nephritis					ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate cause (o), stoting the underlying couse lost.  Due to  Conditions, if ony, which gove rise to immediate cause (o), stoting the underlying couse lost.  Conditions, if ony, which gove rise to immediate cause (o), but to conditions contributions (c).  Conditions, if ony, which gove rise to immediate cause (o), but to conditions contributions (c).  Conditions, if ony, which gove rise to immediate cause (o), but to conditions contributions (c).  Conditions, if ony, which gove rise to immediate cause (o), but to conditions (o), stoting the underlying couse lost to immediate cause (o), but to conditions (o), stoting the underlying couse lost to immediate cause (o), but to conditions (o), stoting the underlying couse lost to immediate cause (o), but to conditions (o), stoting the underlying couse lost to immediate cause (o), but to conditions (o), stoting the underlying couse lost to immediate cause (o), but to conditions (o), stoting the underlying couse lost to conditions (o), stoting the underlying the underlying the underlying the underlying the underlying					16 wests
	Conditions, if ony, which gove ) (b) the Myreantestic					
	rise to immediate cause (o), Stoting the underlying couse					
	last. (c) Surth	with				
		LATED TO T	HE TERMINAL DISEASE CONDIT	ION GIVEN IN PAI	RT 1(a)	19. WAS AUTOPSY
	200. ACCIDENT WAS UNDERLYING  200. ACCIDENT WAS UNDERLYING  200. DESCRIBE HOW INJURY O OR CONTRIBUTING CAUSE OF DEATH (IF STIFTED NOTIFY MORPHS) AND				,	PERFORMED? YES NO
	20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY O	CCHIPPED /	Enter noture of injury in Port	Lor Port II of its	um 19 )	10 10 10
	OR CONTRIBUTING CAUSE OF DEATH	CCORRED. (	ciner notore of injury in rott	TOT FOIL II OT HE	m 10.)	
				T and		
	20c. TIME OF INJURY Month, Doy, Year While Not While		E OF INJURY (Home, farm, ory, street, office bldg., etc.)	20f. (City o	r town) (Co	unty) (Stote)
	p.m. 19 of work of work	10010	ry, street, office blog., etc.,		market and	
1	21. I certify that (I) (this hospitol) ottended the deceased	from	mar 7 - , 196	2, to D	e 29., 190	2, that (I) (we) las
1	saw the deceased alive on Dec 2 9 1967,	ond that	death occurred at 11	31 M, from	causes ond an t	he dote stoted above
	220. SIGNATURE		ATTENDING ME			ATE SIGNED
	Chas. R Law	M.D.	. PHYS. MEI		AFF 12	-31-1967
	22c. PHYSICIAN'S		22d. ADDRESS	2		
	NAME (Type)		Bu	lin b	rd.	
-	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEM	ETERY OR-C	REMATORY	23d. LOCATION (	City or Town)	(County) (Stote)
1	REMOVAL (Specify)	060	55 11	Bise		JOO MI
1	24 FUNERAL DIRECTOR ADDRESS	2016	2So. REC'D BY		2Sb. REGISTRAR'S S	IGNATURE
	1 Bushes	V	NA DATE JAN		A /48/	La Cardon
	Anna M. James oge serie	n/	DATE	0 100	0	A STATE OF

Bec 29 17 lee 1 - 49, bec 29 17 agent when the second the second

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH 17881
HEALTH DEPT.	Ī	PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
is 5 9 9		o. COUNTY WIDRCES TER MARYLAND O. STATE OF & B. COUNTY WOR
Po Po		(c. CITY OR TOWN (If outside-carparate limits, write RURAL and give nearest town)  C. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
> 2 E	1	TURAL - DERIN : TORAL - BERING -
TEL \$	1	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)  d. STREET ADDRESS  d. STREET ADDRESS  PAGE REPORT
Pages, It	-	
70 00 > 2	3	NAME OF DECEASED (Type or print) 1 6 0 MAS RICHARD WILLIAMS OF DEATH DETECTION 31. 1967
after de 8. Give F along w with the h.	S	SEX 6. COLOR OR RACE 7 MARRIED 8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR (IF UNDER 24 HRS
		M WIDOWED DIVORCED Supt 17,1938 Last birthday) Manths Days Haurs Min.
1 = 0 = =	1 d	10. USUAL OCCUPATION (Give kind of work done pripage) 10b AND OF BUSINESS OR 11. BURTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY'S A
hin 24 h ncil in Itr niner's 0 poges 1 c urs ofter		3. FATHER'S NAME (
I within 24 n pencil in Examiner's File poges 2 hours ofte		Otho Williams Ethel Webb
		S. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. INFORMANT  Ves, no, as unknown) (If yes give war or dates af service) S. Lie of the second service of the second second service of the second second service of the second service of the second service of the second second service of the second service of the second second service of the second second service of the second secon
executed ending" in Medical I t permit. I		URS TOTAL SOLVER TO DENTE
d be executed "pending". Chief Medical fronsit permit.		18. (CAUSE OF DEATH (Enter only one cause per line for (a) 16), and (c) 1/2 PART 1. DEATH WAS CAUSED BY:  ONST PAND DEATH  ONST PAND DEATH  ONST PAND DEATH
should be one word "pe or the Chief buriol-tronsit ony event		PART I. DEATH WAS CAUSED BY:  973   IMMEDIATE CAUSE (0)
should e word b the Cl ouriol-tra		Conditions, if ony, which gove ) (b)
the state of the ding		rise to immediate cause (a), stating the underlying couse DUE TO
writing the rworded to sed os a land in val, and in		lost. (c)
	2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO.
errificate ould be fast.	TOTATION	200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.)
certification of the state of t		
EXAMINER ute the cer age 4 shoul your files. Poge 3 shoul cremotion,	MEDICAL	20c. TIME OF INJURY Month, Day, Year  20d. INJURY OCCURRED While Not While at wark at
Pognary Ar. P. Cr. 1, cr. 1, cr. 1		21. I certify that I took charge of the remains described above, held on Autopsy, Inspection Inquiry, and in my opinion
Mkc.Cal I lease exect director. Postained for birectors: to buriol,		deoth resulted from: Notural couses [ ], Accident [ ], Suicide [ ], Homicide [ ], Undetermined monner [ ]
Mic. C. Alease edirecto estained DIRECT to bur		ACTUAL CHIEF MEDICAL EXAMINER   22. DATE SIGNET
~ = - 5		SIGNATURE M.D. ASSISIANI MEDICAL EXAMINER DEPICTY MEDICAL EXAMINER
SSS fun Sy NE	2	NAME (Type) F. J. TOWNSEND, TR. Address (Street, city, town, or county)
the the	1	30. BURIAL, CREMATION, 23b. DATE THEREOF 23e. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
TAN	H	3 REPUVAL OPERTY 13/68 EVERYLEEN BELLIN HOR MO 24. FUNERAL DIRECTOR 250. REGISTRAR 250. REGISTRAR'S SIGNATURE
VR A15NE A		Anne A. Busbage Berlin Mr. DJAN 3 1968 Charles Judge
y /		I VIIII II IUUU I VAN M

